

WISCONSIN STROKE PLAN 2005

Primordial and Primary Prevention

A. Introduction

Primordial and Primary Prevention: Ideal State	
1.	Support mechanisms exist to assist communities and providers in initiating preventive regimens applicable to the general population.
2.	Support tools exist to assist patients and providers in long-term adherence to primordial and primary preventive treatment regimens.
3.	Educational programs exist that target high-risk populations and their families.
4.	Education efforts include community-based organizations, policymakers and other stakeholders.

Primordial prevention refers to strategies designed to decrease the development of disease risk factors (e.g., efforts to decrease the development of obesity, increase exercise and provide a well-balanced diet). Thus, prevention encompasses the entire population and is not limited to those individuals with recognized risk factors for stroke or other cardiovascular diseases. General prevention efforts targeting smoking cessation, obesity and diabetes may benefit the entire population.

Primary prevention refers to the treatment of established disease risk factors. Much is known about the regimens and therapies that are successful in preventing the vast majority of strokes, including the management of hypertension, lipid levels, diabetes, atrial fibrillation and other modifiable risk factors. Disease management and medication adherence strategies may help promote implementation of primary prevention regimens.

B. Current Status

Please rate Wisconsin's current status on *Primordial and Primary Prevention* (on a scale from 1 to 5, 1 being poor (does not exist) and 5 being "ideal" state exists):



Support mechanisms/tools exist
Targeted educational programs exist
Stakeholders cooperate and coordinate efforts

1. 2.5 **Support mechanisms** (Support mechanisms exist to assist communities and providers in initiating preventive regimens applicable to the general population.)
2. 1.5 **Support tools** (Support tools exist to assist patients and providers in long-term adherence to primordial and primary preventive treatment regimens.)
3. 2.5 **Targeted educational programs** (Educational programs exist that target high-risk populations and their families.)
4. 1.0 **Educational partners** (Education efforts include community-based organizations, policymakers and other stakeholders.)
5. 2.0 **Overall Score**

C. Inventory

List all of the support mechanisms, support tools and educational programs (the assets and resources) available for the Primordial and Primary Prevention component.

Inventory of Support Mechanisms/Tools/Educational Programs Assets/Resources Available for this Component	
Name/location of Organization	List of Assets/Resources
Support Mechanisms	
Franciscan Skemp Healthcare, La Crosse	Hypertension Guideline Implementation. Initiated about 2 years ago in all clinic departments. Includes accurate BP measurement; recommendations to adjust BP med; formulary drugs and doses; patient education materials; protocol for primary care and specialty areas
CTRI	Smoking Cessation and Prevention Clinic
UW Health, Madison	Vascular Health Screening
UW Health, Madison	Preventive Cardiology Program
DHFS, Madison	Badger Care
HoChunk Nation, La Crosse	Health education and wellness programs
Gundersen Lutheran	Gundersen Lutheran Nicotine Cessation Program, "Journey to Freedom." Weekly support group free of charge to community members
Gundersen Lutheran	La Crosse Area Stroke Support Club
La Crosse County Health Dept	La Crosse Area Health Initiative, focus on tobacco cessation. Public/professional education on clean indoor air and second hand smoke as well as youth smoking prevention.
Marshfield	Healthy Lifestyle Initiative (which I believe Mary Jo Brink is very familiar with and knows Dr. McCauley). I contacted Mary Ann Lippert who is in charge and she agreed to be a contact. Her phone number is 715-221-8420. The program is trying to promote exercise in the community and healthy meals in the school system as well as other programs as well I am sure.
Mends Hearts Clubs	Mended Hearts Club is coordinated by Nancy Moede, RN Manager of the Marshfield Clinic Cardiac Rehab department. Her phone is 715-387-9002. She has a variety of speakers that participate on a monthly basis.
St. Joseph's Hospital Marshfield	St. Joseph's Hospital has a Diabetic Support Group that meets the 4 th Tuesday of every month from 9:30 AM to 10:30 AM in the hospital. I have not been able to connect with the coordinator yet, but think that stroke prevention education is something that they would promote if they do not already.

WISCVPR	This is statewide, WISCVPR, which is the state professional society that many of us that work in cardiac and pulmonary rehab are members. With your permission, I could send a notice to our newsletter asking for help from this field. I have attached a letter that if is all right with you I would ask the editor of the newsletter to include in the next newsletter.
Gloria Bock, MSN, RN Stroke Coordinator, St. Luke's Medical Center	Because St. Luke's has so many patients with heart disease, there is increased awareness of the risk for stroke in this population. Information from the facility as well as ASA literature is provided to pts. with TIA and stroke to prevent reoccurrence.
Theda Clark Medical Center	Stroke support group offered to the community on the 4 th Wednesday of each month
Theda Clark Medical Center	Community Health Calendar: There is a committee that works with the marketing department and this brochure goes out to 100s' of residents in the Fox Cities. Too many classes to speak of but there is something for each age group. The brochure goes out in spring and fall.
Theda Clark Medical Center	Saturday March 5 th , 4 hour seminar available to the community which will focus entirely on stroke. MDS' from the hospital will be presenting, along with Kate Adamson, our keynote speaker, stroke survivor.
AHA/ASA	Go Red for Women Physician Toolkit (education for physician's on women's guidelines)
Support Tools	
AHA/ASA	Stroke: Patient Education Took Kit Toll-free "Warmline" and website Advocacy outreach in obesity, stroke systems development, etc. Free online programs to manage risk factors Patient education materials New cause marketing campaign for African Americans/Stroke AHA/ADA/ACS campaign on healthy lifestyles
Franciscan Skemp Healthcare: Mayo Health System, La Crosse	Stroke Education Packet - Educational materials about stroke risk factors, prevention, nutrition, HTN.
CTRI	Wisconsin Tobacco Quit Line
YMCA of Dane Co	Strong Kids Campaign
UWHC	Medication Assistance Program
Healthy Lifestyle Initiative Marshfield Community	Promotes healthy lifestyle changes in our community by encouraging healthy diet in the schools and exercise programs in the community.
Gundersen Lutheran	Health Resource Center, staffed by consumer health librarian
Great Rivers 2-1-1	Comprehensive information and referral, listing of community resources on wide variety of subjects
Gundersen Lutheran	Swing into Shape – physical exercise program geared toward participants with limited physical mobility and offered at a variety of community sites
St. Luke's Medical Center	"For Your Well Being" flyers have been developed for Stroke – 1. What you need to know 2. How to transfer without help 3. How to help someone stand up 4. home safety 5. dressing – upper and lower body 6. adaptive equipment, bathing, 6. sex after stroke 7. the good news about quitting smoking

Theda Clark Medical Center	Stroke Folders with numerous resource and educational materials to each patient and family who is in the hospital with a stroke, reviews meds, nutrition, smoking, rehab, emotional effects of a stroke and much more
Theda Clark Medical Center	Thedacare's website with all kinds of information and a variety of topics
Educational Programs (targeting high-risk populations and their families)	
Franciscan Skemp Healthcare, La Crosse, WI	To the Heart of the Matter Educational program centered around cardiovascular health with a small focus on stroke. Display of stroke information and BP checks.
Franciscan Skemp Healthcare & Gunderson Lutheran Medical Center, La Crosse & the American Stroke Association	Public Education program scheduled for May 5 th –in the planning stages now.
UW Health	Women's Heart Health Program
CTRI	Smoking Cessation and Prevention Clinic
YMCA of Dane Co	Strong Kids Campaign
Natural Ovens Bakery	Roadmap to Health Foods in Schools
St. Joseph's Hospital Diabetic Support Group Marshfield	Meets monthly to talk with diabetic patients and address risk factor modification in this group. Annually a guest speaks on the signs and symptoms of stroke.
Mended Hearts	Meets monthly with heart patients and addresses risk factor modification and living in a heart healthy way.
Gundersen Lutheran	Speakers Bureau, provides videotapes, speakers, and presentations to schools, businesses and civic and service groups
La Crosse County Health Dept	Wide variety of wellness programs
La Crosse County	Healthy Living Project, Focus on decreasing heart disease, increasing physical activity, decreasing tobacco dependence, promoting good nutrition
Gundersen Lutheran	Stroke Education Program, staffed by Stroke Coordinator. Also staffed by Neuroscience Center professionals.
St. Luke's Medical Center	Patient population is high risk for stroke. Advisory committee has been set up to address needs in the community, to EMS personnel as well as to current patients.
Theda Clark Medical Center	Stroke Rounds every Tuesday for MDs' and nursing staff.
Theda Clark Medical Center	CMEs' offered the 1 st and 3 rd of the month for all staff on a variety of topics
Theda Clark Medical Center	Month of May for Stroke Awareness a free community presentation on Stroke presented by the Stroke Center
AHA/ASA	Search Your Heart/Stomp Out Stroke (church-based programs) targeting African Americans and Hispanic-Latino populations

D. Assessment for *Primordial And Primary Prevention*

Recommendation 1: A stroke system should develop support mechanisms to assist communities and providers in initiating preventive regimens applicable to the general population.

- Rated at 2.5 out of 5.
- **Current situation:**
 - Efforts have begun in communities in past several years, trying to get it going; also have a primary prevention program.
 - Schools are becoming somewhat active in teaching and in the lower grades too. Schools have backed off on PE (gym classes and after school programs) and this is an area to address. PE is minimally available and nutrition programs are poor. Need to encourage all-inclusive programs that include obese-high risk children. Encourage rewards for children who participate. Community residents may assume these programs are in place and they are not. Community coalitions are working in a number of Wisconsin communities on prevention issues. Public education system is a strong vehicle to work through.
 - Messages appear in the media from notables in the community like a Mayor.
- **Obstacles/barriers?**
 - People are not making the connection between the message and behavior-lifestyle change. Ramification of not following a healthy lifestyle is not understood. People don't take the necessary action to change.
 - Lots of strategies out there; not necessarily effective. Strategies not well targeted to populations needing different approaches.
- **Critical success factors:**
 - Lots of good initiatives out there; just need to coordinate them better, put more energy into the coordination.
 - Many people are trying – recognize them for that.
 - Promoting what communities are doing on the web.
 - Encourage awareness of what school districts are not offering to educate communities on the current status of PE, after school activity and nutrition and encourage awareness of importance of need for activity and nutrition for children.
 - Encourage prevention behaviors in the schools not just teaching prevention, sign and symptoms, and demonstrating how to prevent risk factors by increasing PA and nutrition programs.
 - Need for statutory support through policy makers and legislators; need for community and school movement on these issues.
 - Work through the DPH Nutrition and Phys Act program and their state plan.
 - Intensive year-long media and schools campaign targeting stroke.

Ideas for Action (Plan Objective):

#1: Remember there are two different focuses here. One would be knowledge on signs and symptoms, which is something kids can learn. The other would be actual physical activity and nutrition programs being increased in schools. So an objective would be, let's take the easy one, signs and symptoms: *By 2006 establish with the Department of Public Instruction, because that has to be there, a program to promote training on or education on signs and symptoms of stroke to middle school children.* That's an example. Or it could be whatever age group, but it would be worded that way.

From the CVH Plan: *"By 2006 coordinate with the state physical activity and nutrition program to support efforts to improve physical activity and nutrition in Wisconsin residents."* And, *"By 2007 develop a community based toolbox."*

And if you go to strategy three, 3.3A, *develop communications targeted to schools, communities, and faith based organizations that emphasize the importance of increasing physical activity and eating nutritious meals and snacks in appropriate portions to prevent, it's going to say, heart disease and stroke in children* because we're replacing the cardiovascular part of it. That would be another one and it would feed right into what we've been discussing.

#2: Intensive year-long media and schools campaign targeting stroke.

Recommendation 2: A stroke system should develop support tools to assist the population as a whole, patients and providers in long-term adherence to primordial and primary preventive treatment regimens.

- Rated at 1.5 out of 5.
- **Current situation:**
 - CVH Program has the Cardiovascular Risk Reduction program: Wisc guidelines for prevention of heart disease and stroke and a wallet card, in Spanish and English
 - The need for media awareness and prevention. People out there do not understand how their behavior is tied to primordial and primary prevention.
 - When you're targeting stroke with the general population, it's important to use the word stroke or brain attack because the rest of the community doesn't necessarily tie the two. You talk about cardiovascular health and we all know that that is encompassing stroke issues as well, but regular guys on the street don't pick that up.
 - Need a comprehensive educational plan where we put everything under one umbrella, maybe for media awareness we could. There is a campaign out there, *everyday choices* where the American Dietetic Association and the American Cancer Society and the American Heart Association all got together and said, "To reduce your risk of cancer and diabetes and heart disease and stroke, all of these behaviors,"
- **Obstacles/barriers?**
 - Medication cost as a function of medication compliance.
 - Reaching populations such as American Indians.
 - Knowing if programs are used such as Cardiovascular Risk Reduction program.
 - Perception that physicians are not aggressive enough in treatment (like with HBP).
 - Money as a barrier...it takes a lot of money to do that.
 - Concern that the message goes to support heart more than stroke because the public doesn't relate stroke to cardiovascular disease.
 - Smaller communities and training of physicians for stroke symptoms – a personal story of mis-diagnosis in a small community.
 - Increase training needed with EMS to recognize stroke signs and symptoms; currently not a priority or mandated – need to mandate.
- **Critical success factors:**
 - Making resources available via the Web and in categories for ease of use.
 - Securing unrestricted funds from outside sources for implementation of the WSC Stroke Plan.
 - Partner with other organizations for messages – we will have more resources together and it is more cost effective.
 - Mary Jo—integration group all the directors of chronic disease programs in DPH – using this group to integrate across programs.

Ideas for Action:

"By 2006 identify partner organizations and extend invitations to fund or to solicit proposals for funding." And for partners to provide resources to develop.

Recommendation 3: A stroke system should support educational programs that target high-risk populations and their families.

- Rated at 2.5 out of 5.
- **Current situation:**
 - Areas represented indicated they do target high risk
 - Overall that a good job is done with high risk and primary prevention, maybe not as well with primordial.
 - Inconsistency -- Smoking cessation is one program out there. It is a statewide program but is it being used? Are we all using the same programs and the same approaches?
 - High risk audience – those most needing—not having the availability or access to vehicles for healthy behaviors
 - Stroke Warning Signs survey data from AHA/ASA:
 - A telephone survey was conducted in June 2003 among a nationally representative sample of the U.S. by Synovate (formerly Market Facts), a national marketing research firm. The total sample was composed of 1,800 respondents, which included an oversample of 400 African Americans

and 400 Hispanics in order to observe differences across ethnicity. The following question was asked: What are the signs or symptoms of a person having a stroke?

- **CONCLUSIONS**

- Awareness of stroke warning signs has remained stable over the past three years, with no statistically significant increase observed.
- Awareness of heart attack continues to outpace stroke in terms of recall of one warning sign.
- The need for targeted education is still highest among the following audiences: lower income, lower education, African Americans and Hispanics.

58% of the sample correctly recalled at least one sign (vs. 59% in 2000).

- 29% correctly recalled at least two signs (vs. 29% in 2000).
- 42% could not correctly recall any signs (vs. 41% in 2000).

Numbness/weakness and confusion/trouble speaking were the most commonly recalled signs.

- Numbness/weakness of the face, arm, or leg was mentioned by one-third of the sample (34%) (vs. 32% in 2000).
 - Compared to WI BRFS 2001 99.2%; 2003 98.6%
- Confusion, trouble speaking or understanding was mentioned by one-third of the sample (22%) (vs. 29% in 2000).
 - Compared to WI BRFS 2001 96.5.2%; 2003 96.4%
- Trouble walking, dizziness, loss of balance or coordination was the next most common sign (21%) (vs. 18% in 2000).
 - Compared to WI BRFS 2001 96.6%; 2003 96.1%
- Headache was mentioned next most often (12%) (vs. 12% in 2000).
 - Compared to WI BRFS 2001 80.7%; 2003 79.5%
- Sudden dimness or loss of vision, particularly in one eye (4%) and trouble seeing in one or both eyes were mentioned least often (2%) (vs. 8% in 2000).
 - Compared to WI BRFS 2001 89.8%; 2003 89.5%

Awareness varied by demographics and region.

- Awareness is highest among persons aged 45-54.
- Awareness increases with level of education.
- Awareness increases with household income.
- Awareness is highest among whites.
- Awareness is highest among females.
- Awareness is highest in the Midwest and Northeast.
- Awareness is highest among married persons.
- Awareness is highest among employed and retired persons.

- **Obstacles/barriers?**

- Gaps in the state where no stroke education is happening.
- HBP and other risk factor education is taught but not tied back to stroke.
- Larger hospital's outreach programs and service to smaller hospitals – the distance makes it difficult to get to them for the training and teaching so resources aren't as available.
- How to support access to or availability to vehicles for healthy behaviors ie fresh fruits and veggies, safe walking.

- **Critical success factors:**

- Need to reach populations across the state, not just metros; improved penetration across the state.
- Relating risk factors to stroke.
- Improve on consistency. Hospital to hospital, county to county. Use of the same programs and approaches.
- Seek funding for a stroke warning signs state survey.

Recommendation 4: A stroke system should ensure that education efforts include community-based organizations, policymakers and other stakeholders.

- Rated at 1.0 out of 5.
- **Current situation:**
 - Felt we have a lot of these pieces, but we don't put them together; not sure if that is so important.
 - All parties in a community are not working together; it is fragmented.
 - The policymaker is not much in the play.
 - WI Stroke Alert had support from Madison mayor and governor/legislative proclamation to give awareness to legislators
 - Press conferences help to raise awareness.
- **Critical success factors:**
 - Seize media opportunities to raise awareness.
 - Seize advocacy and legislative efforts.

E. Action Plan

Wisconsin Stroke Plan Primordial and Primary Prevention 2005 - 2007

PRIMORDIAL PREVENTION

(ITALICS DESIGNATES PLAN COMPONENT ALSO APPEARS IN THE WISCONSIN CVH PLAN. THE CVH ALLIANCE AND THE WSC PPP PANEL WILL COLLABORATE ON THESE ELEMENTS.)

Goal 1: **Develop support mechanisms** to assist communities and providers in initiating prevention regimens applicable to the population as a whole.

Strategy 1: **Raise community and provider awareness and increase activity regarding stroke prevention and use of current evidence-based treatment recommendations.**

#	Objectives	Action Steps	Timeframe
1.1A	Enlist the support of providers and communities to initiate primordial and primary prevention (PPP) regimes.	<ul style="list-style-type: none"> Develop an outreach or promotional plan to reach providers and communities, encourage them to initiate PPP regimes and promote available resources (such as listing of WI community coalition activity). Promote/outreach to regional health offices and local health departments to initiate PPP strategies and promote available resources. 	2005-2007
1.1B	Provide assistance for providers in putting in place referral plans.	<ul style="list-style-type: none"> Develop a generic referral template and post to the CVH Stroke website to encourage referrals to appropriate specialties (for example for diabetics, referring to diabetes educators or endocrinologists). 	2007-2009
1.1C	Work with public policy to ensure optimal stroke care.	<ul style="list-style-type: none"> Develop a plan to educate public officials on priority policies and related programs and implement. 	2005-2007

Strategy 2: *Promote awareness of heart and stroke health initiatives and policies to targeted audiences.*

#	Objectives	Action Steps	Timeframe
1.2A	<i>Implement a statewide public awareness campaign on the impact of heart and stroke disease and how to prevent it.</i>		2005-2007
1.2B	<i>Implement a communication plan to inform targeted groups about heart and stroke initiatives and policies.</i>	<ul style="list-style-type: none"> Enlist the support of media specialists to develop key messages and communication vehicles. Disseminate information based on the communications plan. 	2005-2007

Strategy 3: *Increase implementation of best practices for early diagnosis and treatment of heart and stroke risk factors.*

#	Objectives	Action Steps	Lead Organization(s) and Partners	Timeframe
1.3A	<i>Increase the number of adults with high blood pressure who are taking appropriate actions to control their high blood pressure.</i>	<ul style="list-style-type: none"> Follow the state diabetes template for training programs Improve access to resources for indigent populations Increase awareness of importance of BP control through media campaigns Increase adherence to medication and lifestyle changes through patient education 	CVH Alliance* pharmaceutical industry reps, community advocates	2006-2009
1.3B	<i>Increase the number of adults who have had their low-density lipoprotein (LDL) tested.</i>	<ul style="list-style-type: none"> Follow the state diabetes template for training programs Improve access to screening resources for indigent populations Increase awareness of importance lipid control through media campaigns 	CVH Alliance* pharmaceutical industry reps, community advocates	2006-2009
1.3C	<i>90% of the state's health systems will provide training to health care professionals on cultural-competency and best practices in counseling patients on modifying risk factors.</i>		CVH Alliance* pharmaceutical industry reps, community advocates	2006-2009
1.3D	<i>Develop a plan and projected outcomes for youth-focused interventions based on analysis of the CDC youth health index, Youth Risk Behavior Survey (YRBS) and review of best practices.</i>			2007-2009
1.3 E	<i>Increase the number of youth (with diabetes aged 5-17 years old) who have their LDL controlled.</i>			2007-2009

Strategy 4: *Create a voluntary statewide youth health index to monitor indicators of healthy behavior in all children (grades K-12), including BMI, physical activity, and blood pressure measurement.*

#	Objectives	Action Steps	Timeframe
1.4A	<i>A majority of WI public schools will participate in a voluntary youth health behavior index.</i>	<ul style="list-style-type: none"> Develop materials to educate school officials on the importance of CV risk prevention. 	2009
1.4B	<i>Increase by 50 % the number of youth aged 5-17 who have had their blood pressure measured within the preceding two years (developmental).</i>		2009
1.4C	<i>Increase by 50 % the number of youth aged 5-17 who have had a lipid panel done within the preceding two years (developmental).</i>		2009
1.4D	<i>Increase by 50 % the number of youth aged 5-17 who have had a A1C glucose >110 panel done within the preceding two years (developmental).</i>		2009

Goal 2: **Develop support tools** to assist the population as a whole, patients and providers **in long-term adherence** to primordial and primary prevention treatment regimens.

Strategy 1: Promote education and practice tools that support adherence to primordial and primary treatment regimes.

#	Objectives	Action Steps	Timeframe
2.1A	Make support tools, standards and measures (eg treatment recommendations) readily available for use by providers and communities.	<ul style="list-style-type: none"> Solicit and collect education and practice support tools, standards and measures (eg treatment recommendations). Post education and practice support tools, standards and measures to the CVH Stroke website or make available where they may be obtained. Promote and maintain a CVH Stroke website listing of: <ul style="list-style-type: none"> Stroke public education programs and materials and organizations. Strategies and approaches to implement that will decrease the development of obesity, increase exercise, and provide well-balanced diets. General prevention efforts (programs, resources, materials) targeting smoking cessation, obesity and diabetes. Current evidence-based treatment recommendations. Provide “information links” to DPH resources for tobacco, nutrition and physical activity, diabetes and other related departments. Provide web links to organizations providing programs, strategies and materials. Maintain a CVH Stroke website listing of WI community coalitions and the prevention issues, strategies and resources they are addressing in their community. 	2005-2007
2.1B	Communicate the availability of education and practice tools (disease management and medication adherence etc) to providers and communities.	<ul style="list-style-type: none"> Collect and assemble existing education and practice support tools (programs, resources, materials) responding to state’s linguistic and education levels for target populations. These may include disease management programs and medication adherence interventions. Make education and practice support tools available on the CVH Stroke website as resources to access or download. Develop a plan to promote to providers and communities. 	2005-2007

COMMUNITY EDUCATION

Goal 3: Support educational programs targeting high-risk populations and their families.

Strategy 1: Increase the public’s awareness of modifiable risk factors associated with stroke.

#	Objectives	Action Steps	Timeframe
3.1A	Identify target groups to receive community and worksite toolkits and identify their respective needs for resources.	<ul style="list-style-type: none"> Create a list of potential target groups, e.g., faith-based organizations, educators, employers, insurers, and community organizations. Determine what resources/information each group wants and needs. 	2005-2007
3.1B	Develop a community-based toolkit (for business and community organizations) containing stroke resources.	<ul style="list-style-type: none"> Identify and compile information on existing CVH programs and resources utilizing CVH Alliance partners and the CDC. Identify available materials targeted to Hmong, African American, Native American, and Hispanic-Latino populations. Organize information to address different age groups, to be user-friendly, and to distinguish evidence-based information and best practices. Create a toolkit evaluation to assess toolkit usefulness. Revise toolkit components based on evaluation feedback. 	2005-2007

3.1C	<i>Distribute the toolkit and offer training on the community-based toolkit to schools, community organizations, faith-based organizations, etc.</i>	<ul style="list-style-type: none"> • Enlist the support of CVH Alliance members to promote the toolkit and trainings. • Identify existing conferences and associations through which to provide training on the toolkit for target groups. • List training events and contacts on the CVHP website. 	2005-2007
3.1D	<i>Distribute and offer training on the toolkit “Making the Business Case to Employers for CVH” to all health systems, and Wisconsin’s top 200 employers.</i>	<ul style="list-style-type: none"> • Encourage worksite wellness programs to incorporate programs for heart disease and stroke prevention and screening. 	2005 and ongoing
3.1E	<i>Coordinate with the Wisconsin Nutrition and Physical Activity Program to support efforts to improve nutrition and physical activity for Wisconsin residents.</i>		2005-2007

Strategy 2: Improve the public’s awareness of the signs and symptoms of stroke and the need to call 911 immediately.

#	Objectives	Action Steps	Timeframe
3.2A	Implement a public awareness campaign on the signs and symptoms of stroke and how to respond appropriately.	<ul style="list-style-type: none"> • Disseminate information on signs and symptoms of stroke and call 911 to all Wisconsin communities. • Continue to support WI Stroke Alert Day in May each year. 	2005 and ongoing
3.2B	Develop and field a statewide survey on stroke signs and symptoms and call 911; monitor results over time; set goal once base is established.	<ul style="list-style-type: none"> • Seek funding; identify partners who may assist such as business schools. • Work with ASA on questionnaire to parallel their national study. 	2005-2007

Goal 4: Ensure that education efforts include community-based organizations, policymakers and other stakeholders.

Strategy 1: Encourage and assist community-based organizations to sponsor and promote local educational efforts.

#	Objectives	Action Steps	Timeframe
4.1A	Enlist community-based organizations and other stakeholders to sponsor and provide educational efforts within their local communities.	<ul style="list-style-type: none"> • Celebrate community educational successes with recognition for the CVH Program. • Promote on the CVH Stroke website community education activities and events for the public and others to access. 	2005-2007

Strategy 2: Educate local and national policymakers about the need for an effective stroke system in the community and ways they can best support patients served by the system.

#	Objectives	Action Steps	Timeframe
4.2A	Organize a plan to develop Stroke health policies and programs that support the Wisconsin Health Plan. Partners to convene a Summit to determine priority policy needs.	<ul style="list-style-type: none"> • Utilize CVH Alliance partners to bring people to the Summit • Identify potential barriers to address 	2005-2007